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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application : Naimish Patel, et al.
Application No. : 09/899,341
Filed : July 5, 2001
For : BI-DIRECTIONAL WAVELENGTH SWITCHED RING
OPTICAL PROTECTION SWITCHING PROTOCOL
Examiner : Unassigned
Attorney's Docket : SYCMR-026XX

Group Art Unit: 2633

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box NON-FEE Amendment, Commissioner for Patents, Washington, D.C. 20231 on 2/25/02.

By: Mark Superko
Mark A. Superko
Registration No. 34,027
Attorney for Applicant(s)

PRELIMINARY AMENDMENT

Box NON-FEE Amendment
Commissioner for Patents
Washington, D.C. 20231

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Siri:

Further to the filing of the above-identified patent application on July 5, 2001, the following preliminary amendments are provided. A marked-up version of the amendments is enclosed herewith for the Examiner's convenience.

In the Specification



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BOX NON-FEE AMENDMENT
 COMMISSIONER FOR PATENTS
 Washington, D.C. 20231
 Sir:

In re application of: Naimish Patel, et al.

Entitled: BI-DIRECTIONAL WAVELENGTH SWITCHED RING OPTICAL PROTECTION SWITCHING PROTOCOL

Transmitted herewith is a Preliminary Amendment in the above-identified application. The following checked items are applicable:

This is a Request for Continued Examination under §1.114; a check in the amount of _____ is enclosed per §1.17(e).
 Enter the unentered amendment previously filed on _____ per §1.116.
 A Petition for Extension of Time for ___ month is hereby made under §1.136(a); a check in the amount of _____ is enclosed per §1.17.
 In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.

_____ is hereby appointed Associate Attorney by:
 Registration No.: _____

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Other: _____

Attorney of Record:
 Registration No.: _____

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	2 - 3	= 0	x \$84.00 =	0
Total	15 - 20	= 0	x \$18.00 =	0
<input type="checkbox"/> Multiple Dependent Claims (1st presentation)			+ \$280.00 =	0
				0
Small Entity filing, divide by 2. Small Entity status must be asserted.				0
				0

No additional fee. The fee has been calculated above; a check in the amount of _____ is enclosed.
 The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

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Mark A. Superko

SUBMIT IN TRIPPLICATE
 267876

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